

2020 Elderly & Disabled Tax Relief Renewal

T. Scott Harris, MCR, Commissioner of the Revenue, Hanover County
PO BOX 129, Hanover, VA 23069
Phone: 804-365-6129 Fax: 804-365-6101 Email: commissioner@hanovercounty.gov

RENEWALS MUST BE FILED BY MARCH 16, 2020.				
APPLICANT NAME AND ADDRESS				
		Account: Case:		
PLEASE CHECK THE APPROPRIATE	BOXES BI	ELOW:		
Tax Relief for the Elderly (65 years or older)	<u>OR</u>	Tax Relief for the Permanently Disabled		
Relief of real estate taxes	<u>OR</u>	Relief of mobile home taxes		
CENTRAL INFORMATION AND REQUI	DEMENT	5		

GENERAL INFORMATION AND REQUIREMENTS

- ❖ The applicant must be 65 years old or older by December 31, 2019 OR totally and permanently disabled and reside on the property.
- ❖ The applicant must be an owner of the property on December 31 of the preceding year. If the applicant is in a hospital or other extended care facility on December 31, they may still qualify if the house is not rented or leased for consideration.
- Gross combined income of all owners and relatives living in the home cannot exceed \$52,500. The income of all relatives living in the house must be included; however, up to \$10,000 from each non-owner may be excluded. For applicants applying under the disabled criteria, up to \$10,000 from the applicant may be excluded as well.
- Combined financial worth of the applicant and spouses may not exceed \$200,000. The value of the house and up to ten (10) acres of land on the same parcel is excluded from your net worth.
- The amount of the tax relief will be based on an approved sliding scale using the combined household income and multiplied by the % ownership of the qualifying owners.
- ❖ Full Applications are required every three years. Between those three years, a signed affidavit will be required to continue your tax relief status. If there has been a significant change in your income or assets you must immediately notify the Commissioner of the Revenue so you may complete another full application.
- ❖ If you require assistance in completing this form, we can assist you in person (without an appointment) at the Hanover County Government Complex, Chenault Weems Building, 7507 Library Drive, Hanover, VA or by telephone at 804-365-6128.

COMPLETE ALL SECTIONS ON FORM AND ANSWER ALL QUESTIONS. IF A QUESTION DOES NOT APPLY TO YOU, ENTER N/A OR 0. FORMS MUST BE RETURNED TO THE COMMISSIONER OF THE REVENUE BY MARCH 16.

Douse: Last Name First Middle Phone: Month Day Year Phone: Month Day Year Phone: No Somplete the following questions. Is the property occupied by the applicant as his/her sole dwelling? Yes No What is Applicant's Ownership? (Check the appropriate space.) 100% Owner (with or without Spouse) Partial Owner If a Partial Owner, please list all other owners and each owner's percentage of ownership. List name(s) of all owners, their percentage of ownership and if the house is the sole dwelling. Applicant Percentage of Ownership Name DOB Percentage of Ownership	pplicant: _				
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Is the property occupied by the applicant as his/her sole dwelling? Yes No What is Applicant's Ownership? (Check the appropriate space.) 100% Owner (with or without Spouse) Partial Owner If a Partial Owner, please list all other owners and each owner's percentage of ownership. List name(s) of all owners, their percentage of ownership and if the house is the sole dwelling. Applicant Percentage of Ownership Applicant Percentage of Ownership Name DOB Percentage of Ownership Sole Dwelling Yes/N Name DOB Percentage of Ownership Sole Dwelling Yes/N Name DOB Percentage of Ownership Sole Dwelling Yes/N Are any other adults over the age of 18, other than the spouse, living in the residence? Yes/N If yes, please complete the following for adults over the age of 18 living in the residence:	pouse:	Last Name	F		Middle
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		Name			Sole Dwelling
Name Relationship Age	Are any ot	Name			Sole Dwelling
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TOTAL INCOME FOR CALENDAR YEAR 2019

Include the total income from all sources of the applicant, spouse, and all persons living in the residence. If you answered yes to question 4 above, do not include the income of the caregiver. If there is no income for a specific line, enter "0".

Total Income (Before deductions)	APPLICANT	SPOUSE	OTHERS	TOTAL
Salaries & Wages (W-2)				
Pensions & Annuities				
Social Security or Railroad Retirement				
Disability Income				
Interest & Dividends				
Public Assistance, Prizes Won, Gifts				
Capital Gains				
IRA Distributions				
Rental Income				
Other including self-employment				
NEXT TWO LINES FOR OFFICE USE ONLY				
Deductions				
Total Income				

NET FINANCIAL WORTH AS OF DECEMBER 31, 2019

Do not include the value of the house on which you are seeking relief or the mortgage against it.

NET VALUE OF ASSETS	APPLICANT	SPOUSE	TOTAL
Personal Property (vehicles)			
Other real estate located in Hanover			
Other real estate located outside of Hanover			
Savings Accounts			
Checking & Money Market Accounts			
Stocks, Bonds, Mutual Funds, etc.			
Life Insurance (cash value only)			
Worker's Compensation Benefits			
IRAs, annuities, 401K balances			
Certificates of Deposits (CDs)			
Other assets such as trust accounts			
Total Assets			
Unpaid balance of bank loans for vehicles, etc			
Credit card & merchant balances			
Mortgage balance on other properties owned			
Federal, state or local taxes past due			
Other debt – medical bills, etc.			
Total Liabilities			
Total Net Value of Assets			

AFFIDAVIT FOR R	EAL ESTATE TAX REL	IEF
I do hereby declare that my income and net worth a and that the property is my sole residence. Any persuilty of a misdemeanor and upon conviction thereof confinement in jail not to exceed twelve months or be	son, who knowingly fals f, may be punished by a	ely claims an exemption shall be
In addition, this signed affidavit allows the qualified applicable, to the Department of Public Utilities and/any allowable discounts for services. This release re otherwise.	or Department of Fire a	nd EMS for the purpose of receiving
Applicant's Email Address:		
Signature of Applicant	Date Signed	Telephone Number
Signature of Witness (other than spouse)	Date Signed	Telephone Number
The application will be returned if the applicant has ranother adult other than your spouse. If a person is the signature line and include a copy of the Power of	signing with a Power of	Attorney, please indicate this on
AUTHORIZATION FOR	R RELEASE OF INFOR	MATION
Virginia State Code §58.1-3 does not allow the release proper judicial order or as otherwise provided by law". information regarding the application to anyone other	Without your explicit a	•
If you wish to authorize the Commissioner of the Reve application with any person(s) other than you (the app regarding your eligibility for this program, please comp authorization at any time by submitting a written reque	olicant) and authorize sublete the section below.	ich person(s) to receive information
I, or my authorized representative, request that the perme, including, but not limited to, Real Estate Agents, a allowed to receive or discuss confidential information p	Closing Attorney, or a	Mortgage Company Representative, b
Name of Contact Person		_
Address of Contact Person		
Telephone of Contact Person		
Email of Contact Person		
Applicant Signature Authorizing this Release		 Date

In accordance with Hanover County Code §22-23, the Commissioner of the Revenue shall make any other reasonably necessary inquiries of persons seeking an exemption under this division, requiring answers under oath, to determine the qualification for such exemption. For such purpose, the Commissioner may require the production of certain supporting documentation including, but not limited to income tax returns and related forms, social security documents, and bank statements to establish the income or financial worth of any applicant for relief.